

Dear Parent(s),

We are pleased to be able to offer afterschool Childcare to Kindergarten and 1st-grade students at Y.E.S. We have limited spaces; please be prepared to have alternate after-school care plans. This program will begin Monday, August 28. Childcare will run until 5:30 p.m. Monday through Thursday.

There will not be Y.E.S. Childcare on Fridays.

Before your child can attend we must have all the Childcare forms signed and turned in and your account balance at \$25.00 or more. This includes the Childcare Enrollment forms and the Children's Record form (signed in three places).

Staff will be available at the front east door until 5:30 p.m. for you to pick up your child. You must check out your student each day at the front entrance.

The rate for the 2023 – 2024 school year is \$3.80 per hour (please see the rate table). **A credit balance of \$25 in your account is required to begin. Please bring your payment with the registration forms.**

Rate Schedule: Charges are based on what time your child leaves.

	Per Child
3:25 - 4:25 ---	\$3.80 (minimum charge of 1 hour)
4:25 - 4:55 ---	\$5.70
4:55 - 5:30 ---	\$7.60

Please watch for notices on your statements and the Y.E.S. Newsletter for dates that Childcare and Boost will not be in session.

If you have any questions, please call 402-362-1414. After school hours, you may reach Y.E.S. Childcare by texting the remind app. (See attached to sign-up)

Thank you,

Amy Vernon – Afterschool Director; amy.vernon@yorkdukes.org

Sonja Scamehorn – Childcare Billing; sonja.scamehorn@yorkdukes.org

2023-24 Childcare Calendar

Aug 28	Program Begins
Sept 4	NO SCHOOL – NO PROGRAM
Oct 4-10	NO PROGRAM
Nov 22-24	Thanksgiving Break NO SCHOOL – NO PROGRAM
Dec ?????	YES Staff Christmas Party (Date TBA)-NO PROGRAM
Dec 22-Jan 3	No Program - Holiday Break
Jan 15	NO SCHOOL – NO PROGRAM – Professional Development for Staff
Feb 7-12	NO PROGRAM
March 7-12	NO SCHOOL – Spring Break
March 29	NO PROGRAM
APRIL 1	NO PROGRAM
MAY 15	LAST DAY OF PROGRAM

Get information for York Elementary School right on your phone—not on handouts.

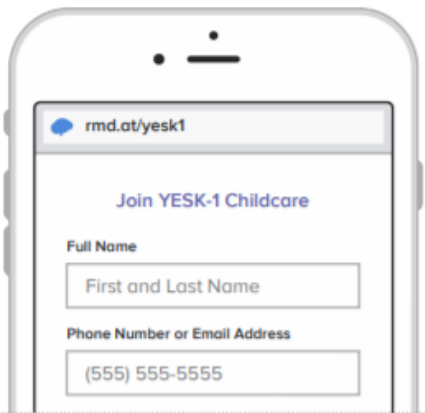
Pick a way to receive messages for YESK-1 Childcare:

A If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

rmd.at/yesk1

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.




B If you don't have a smartphone, get text notifications.

Text the message [@yesk1](https://textnow.com/@yesk1) to the number 81010.

If you're having trouble with 81010, try texting [@yesk1](https://textnow.com/@yesk1) to (254) 247-3279.

* Standard text message rates apply.



Don't have a mobile phone? Go to rmd.at/yesk1 on a desktop computer to sign up for email notifications.

York Public Schools
Childcare Enrollment
Kindergarten and 1st Grade Only

2023-2023 School Year

Tax I.D. 476006011

1st Child _____
(Last) (First) (Grade) (Teacher) (Birthday)

2nd Child _____
(Last) (First) (Grade) (Teacher) (Birthday)

Parent's Name: _____

Address: _____

Phone _____ numbers: _____

Cell numbers: _____

Likely schedule: (circle all that apply and give approximate departure time) M T W TH Departure time _____

Who will be picking up the child from Childcare?

(Please list) _____

Preferred Communication Method

Our program would like to stay in contact with you and keep you informed about upcoming events, student highlights, and much more. You can receive this communication by text, email or both.

Please indicate your preferred method of communication.

Text @ _____

Email @ _____

Both

Additional Text and/or email _____

Children's Record

PARENTS: PLEASE FILL IN ALL BLANKS

Child(ren)'s Name: _____ Birthdate(s): _____

Enrollment Date: _____ Updates: _____ Date Care Ceased: _____

Parent or Guardian's Home Address and Employment Address:

FATHER (or Guardian):

Name: _____

Address: _____

City: _____ Phone: _____

Employer:

Address: _____

City: _____ Phone: _____

MOTHER (or Guardian):

Name: _____

Address: _____

City: _____ Phone: _____

Employer:

Address: _____

City: _____ Phone: _____

Person(s) to Whom the Child(ren) may be Released by the Caregiver: (If no one, please write "none")

Name: _____

Address: _____

City: _____ Phone: _____

Name:

Address: _____

City: _____ Phone: _____

Person(s) Who Will Take Responsibility for the Child(ren) in an Emergency When the Parent (or Guardian) Cannot be Reached: (ONE NAME MUST BE GIVEN)

Name: _____

Address: _____

Name:

City:

Phone:

Address:

City:

Phone:

Consent to Contact Physician in Emergency:

In the event I cannot be reached to make arrangements, I hereby give my consent to _____

Caregiver

to contact Doctor _____

Name of Physician

Phone

and, if necessary, take my child(ren) to the

Address

City

following doctor(s), clinics, or hospital _____

Signature of Parent/Guardian

Date

MEDICATION COMPETENCY STATEMENT

I, _____ have determined

Parent /Guardian Name

that _____ is/are competent to give or apply medication to my child(ren).

Provider/Director/Staff Name(s)

Signature of Parent/Guardian

Date

CHILD'S MEDICAL INFORMATION

Current health status or any health problems caregiver should know: _____

Medication, if any: _____

List any allergies and/or intolerance to food, insect bites, or stings, or other factors that result in a medical reaction. Please give clear instructions in the event of an exposure of the factor: _____

Special Concerns: (Glasses, Hearing Aid, Crutches) _____

Any activities child(ren) should NOT engage in: _____

Company providing health and/or accident insurance coverage: (Optional) _____

I certify that the above information is correct to the best of my knowledge.

Signature of Parent/Guardian

Date